



TEST REPORT

Name : **Mr. M VENKATESWARA CHANAKYA**
Age/Gender : **29 Years / Male**
Registration ID : **253330065487**
Ref. By : **Dr. Self**
Sample Type : **Whole Blood - EDTA**

Registered on : **30-Aug-2025 07:07**
Collected on : **30-Aug-2025 07:13**
Released on : **30-Aug-2025 09:47**
Printed on : **30-Aug-2025 11:19**
Regn Centre : **Tirupathi-333**

GLYCATED HAEMOGLOBIN (HbA1C)

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycated Haemoglobin	: 5.6	%	Non Diabetic : < 5.7 Pre - Diabetic Range : 5.7 - 6.4 Diabetic Range : >= 6.5

Method: High performance liquid chromatography

Interpretation / Comments:

Reference Range as per American Diabetes Association (ADA) 2025 Guidelines:

- * HbA1c is used to diagnose Diabetes, monitor glycemic control, evaluate the need to change therapy and predict the development of microvascular complications.
- * The Glycemic target for non-pregnant adults with diabetes is <7.0%. Lowering A1c value below or around 7.0% has been shown to reduce microvascular complications and macrovascular disease.
- * Trends in HbA1C values, at interval of 3 months are a better indicator of Glycemic control than a single test.
- * Glycated hemoglobin is proportional to mean plasma glucose level during the previous 6-12 weeks.
- * HbA1c result may not correlate with the blood glucose level in presence of Hemoglobin variants, conditions that affect red cell turnover, Systemic Inflammatory Diseases, Chronic renal failures and liver diseases, recent blood transfusions and hypertriglyceridemia. Clinical Correlation is advised in interpretation of low Values.
- * ADA guidelines 2025 is being followed.



VIJAYA DIAGNOSTIC CENTRE®

10-14-0575, Ward No 10, Reddy and Reddy's Colony, next to India Oil Petrol Station, Tirupati

TEST REPORT

Name : **Mr. M VENKATESWARA CHANAKYA**
Age/Gender : **29 Years / Male**
Registration ID : **253330065487**
Ref. By : **Dr. Self**
Sample Type : **Whole Blood - EDTA**

Registered on : **30-Aug-2025 07:07**
Collected on : **30-Aug-2025 07:13**
Released on : **30-Aug-2025 09:47**
Printed on : **30-Aug-2025 11:19**
Regn Centre : **Tirupathi-333**

GLYCATED HAEMOGLOBIN (HbA1C)

Record Date: 2025-08-30 08:25:01

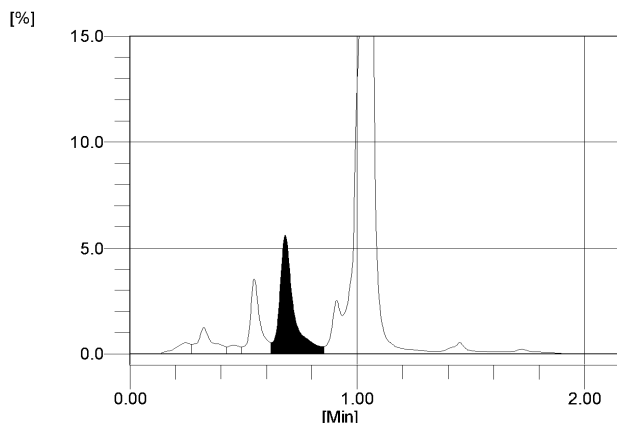
Barcode: 3253330065487

SampleNo: 08300010

CALIB : Y = 1.1440X + 0.6439

NAME	%	TIME	AREA
A1A	0.4	0.24	4.71
A1B	1.0	0.32	12.00
F	0.3	0.45	3.00
LA1C+	1.9	0.55	22.43
SA1C	5.6	0.68	50.38
A0	92.3	1.04	1066.40
		TOTAL AREA	1158.92

HbA1C 5.6 %
HbA1 7.1 % HbF 0.3 %



DR. BURADA SOUMIA

MD PATHOLOGY

Registration No: APMC/FMR/95943



VIJAYA DIAGNOSTIC CENTRE®

10-14-0575, Ward No 10, Reddy and Reddy's Colony, next to India Oil Petrol Station, Tirupati

TEST REPORT

Name : **Mr. M VENKATESWARA CHANAKYA**
Age/Gender : **29 Years / Male**
Registration ID : **253330065487**
Ref. By : **Dr. Self**
Sample Type : **Fluoride Plasma**

Registered on : **30-Aug-2025 07:07**
Collected on : **30-Aug-2025 09:33**
Released on : **30-Aug-2025 10:34**
Printed on : **30-Aug-2025 11:19**
Regn Centre : **Tirupathi-333**

POST BREAKFAST GLUCOSE

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Post Breakfast Glucose	: 115	mg/dL	Normal : < 140 Impaired Glucose Tolerance : 140 - 199 Diabetes : >= 200
Method: Hexokinase			

Interpretation / comments:

- Discordant Plasma glucose level (i.e. Post prandial plasma glucose level lower than Fasting plasma glucose level) can be observed, which could be due to the glycemic index and the response to the food consumed, increased insulin secretion, Effects of oral hypoglycemic drugs and Insulin treatment, defective absorption, insufficient dietary intake, endocrine disorders and reactive hypoglycemia etc.
- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.
- ADA (American Diabetes Association) guidelines – 2025 is adopted for the evaluation of diabetes status.



MC-6283

DR. BURADA SOUMIA
MD PATHOLOGY
Registration No: APMC/FMR/95943



VIJAYA DIAGNOSTIC CENTRE®

10-14-0575, Ward No 10, Reddy and Reddy's Colony, next to India Oil Petrol Station, Tirupati

TEST REPORT

Name : **Mr. M VENKATESWARA CHANAKYA**
Age/Gender : **29 Years / Male**
Registration ID : **253330065487**
Ref. By : **Dr. Self**
Sample Type : **Serum**

Registered on : **30-Aug-2025 07:07**
Collected on : **30-Aug-2025 07:13**
Released on : **30-Aug-2025 09:47**
Printed on : **30-Aug-2025 11:19**
Regn Centre : **Tirupathi-333**

VITAMIN - B12

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Vitamin - B12	: 219	pg/mL	Deficient : <211 Normal : 211 - 911

Method: Chemiluminiscence Immunoassay

Interpretation / Comments :

- Vitamin B12 is essential in DNA synthesis, haematopoiesis and CNS integrity.
- Serum Vitamin B12 level is useful in evaluation of macrocytic anaemia, CNS disorders, alcoholism and malabsorption syndrome and are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia, and treated epilepsy.
- High levels of Vitamin B12 may be due to exogenous supplementation. Clinical correlation suggested. Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12.
- Vitamin B12 deficiency associated increase in serum / plasma homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.
- The most specific test for Vitamin B12 deficiency at the cellular level is the assay for plasma Methyl malonic acid (MMA). If clinical symptoms suggest deficiency, measurement of plasma MMA and plasma homocysteine (more sensitive) should be considered, even if serum Vitamin B12 concentrations are normal or indeterminate.
- Serum Holo-Transcobalamin II level (Active Vitamin B12 level) is a more accurate marker of Vitamin B12 status in body.



MC-6283

DR. BURADA SOUMIA
MD PATHOLOGY
Registration No: APMC/FMR/95943



VIJAYA DIAGNOSTIC CENTRE®

10-14-0575, Ward No 10, Reddy and Reddy's Colony, next to India Oil Petrol Station, Tirupati

TEST REPORT

Name : **Mr. M VENKATESWARA CHANAKYA**
Age/Gender : **29 Years / Male**
Registration ID : **253330065487**
Ref. By : **Dr. Self**
Sample Type : **Serum**

Registered on : **30-Aug-2025 07:07**
Collected on : **30-Aug-2025 07:13**
Released on : **30-Aug-2025 09:47**
Printed on : **30-Aug-2025 11:19**
Regn Centre : **Tirupathi-333**

VITAMIN D - Total

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Vitamin D-Total	9.93	ng/mL	Deficient : < 20 Insufficient : 20 - 30 Sufficient : 30 - 100 Toxicity : > 100

Method: Chemiluminescence Immuno Assay (CLIA)

Interpretation / Comments :

- Vitamin D is a steroid hormone involved in the intestinal absorption of calcium and regulation of calcium homeostasis.
- Vitamin D deficiency can result from inadequate exposure to sunlight, inadequate dietary intake, decreased absorption, abnormal metabolism or Vitamin D resistance.
- 25-OH Vitamin D levels reflect the storage level in the body and correlate with the clinical symptoms of Vitamin D deficiency.

The assay of Vitamin D (Total and Fractions D2 + D3) on LCMS/MS is available at Vijaya Diagnostic Centre, Himayatnagar, Hyderabad.



MC-6283

DR. BURADA SOUMIA
MD PATHOLOGY
Registration No: APMC/FMR/95943



VIJAYA DIAGNOSTIC CENTRE®

10-14-0575, Ward No 10, Reddy and Reddy's Colony, next to India Oil Petrol Station, Tirupati

TEST REPORT

Name : **Mr. M VENKATESWARA CHANAKYA**
Age/Gender : **29 Years / Male**
Registration ID : **253330065487**
Ref. By : **Dr. Self**
Sample Type : **Serum**

Registered on : **30-Aug-2025 07:07**
Collected on : **30-Aug-2025 07:13**
Released on : **30-Aug-2025 09:47**
Printed on : **30-Aug-2025 11:19**
Regn Centre : **Tirupathi-333**

LIPID PROFILE

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Triglycerides <i>Method: Glycerol Phosphate Oxidase (GPO), Peroxidase (POD)</i>	: 109	mg/dL	Desirable level : < 150 Borderline : 150 - 199 High : 200 - 499 Very High : > / = 500
Total Cholesterol <i>Method: Cholesterol Oxidase Peroxidase (CHOD-POD)</i>	: 194	mg/dL	Desirable : < 200 Borderline high : 200 - 239 High : > / = 240
LDL Cholesterol <i>Method: Calculated</i>	: 128	mg/dL	Optimal : < 100 Near optimal : 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high : > / = 190
HDL Cholesterol <i>Method: Enzymatic Immunoinhibition</i>	: 44	mg/dL	Desirable level : > / = 60 Optimal : 40 - 59 Undesirable : < 40
VLDL Cholesterol <i>Method: Calculation</i>	: 22	mg/dL	< 30
Total Cholesterol / HDL Cholesterol Ratio <i>Method: Calculation</i>	: 4.4		Low risk : 3.3 - 4.4 Average risk : 4.5 - 7.1 Moderate risk : 7.2 - 11.0
LDL Cholesterol / HDL Cholesterol Ratio <i>Method: Calculation</i>	: 2.9		Desirable level : 0.5 - 3.0 Borderline risk : 3.0 - 6.0 High risk : > 6.0

Interpretation / Comments :

- Lipid profile is a panel of blood tests that serves as an initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases.



DR. BURADA SOUMIA
MD PATHOLOGY
Registration No: APMC/FMR/95943



VIJAYA DIAGNOSTIC CENTRE®

10-14-0575, Ward No 10, Reddy and Reddy's Colony, next to India Oil Petrol Station, Tirupati

TEST REPORT

Name : **Mr. M VENKATESWARA CHANAKYA**
Age/Gender : **29 Years / Male**
Registration ID : **253330065487**
Ref. By : **Dr. Self**
Sample Type : **Serum**

Registered on : **30-Aug-2025 07:07**
Collected on : **30-Aug-2025 07:13**
Released on : **30-Aug-2025 09:47**
Printed on : **30-Aug-2025 11:19**
Regn Centre : **Tirupathi-333**

THYROID PROFILE

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T3 Total <i>Method: Chemiluminiscence Immunoassay</i>	: 0.79	ng/mL	0.60 - 1.81
T4 Total <i>Method: Chemiluminiscence Immunoassay</i>	: 5.80	µg/dL	3.2 - 12.6
TSH - Ultrasensitive <i>Method: Chemiluminescence immunoassay (CLIA), Calculation</i>	: 1.772	µIU/mL	0.55 - 4.78

Interpretation / Comments :

- Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet and drug therapy.
- The levels of T3 helps in the diagnosis of T3 thyrotoxicosis and monitoring the course of hyperthyroidism. T3 is not recommended for diagnosis of hypothyroidism as decreased values have minimal clinical significance.
- Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism.
- Elevated level of T4 are seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum thyroxine binding globulin.
- Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in thyroxine binding globulin.
- TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimoto's thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium and iodine induced or deficiency goiter.
- Decreased levels of TSH may be seen in graves disease, toxic multinodular goitre, thyroiditis, excessive treatment with thyroid hormone replacement and central hypothyroidism.



DR. BURADA SOUMIA
MD PATHOLOGY
Registration No: APMC/FMR/95943



VIJAYA DIAGNOSTIC CENTRE®

10-14-0575, Ward No 10, Reddy and Reddy's Colony, next to India Oil Petrol Station, Tirupati

TEST REPORT

Name : **Mr. M VENKATESWARA CHANAKYA**
Age/Gender : **29 Years / Male**
Registration ID : **253330065487**
Ref. By : **Dr. Self**
Sample Type : **Urine**

Registered on : **30-Aug-2025 07:07**
Collected on : **30-Aug-2025 07:13**
Released on : **30-Aug-2025 09:47**
Printed on : **30-Aug-2025 11:19**
Regn Centre : **Tirupathi-333**

CUE (COMPLETE URINE EXAMINATION)

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Physical Examination			
Colour <i>Method: Physical Examination</i>	: Pale Yellow		Pale Yellow
Appearance <i>Method: Physical Examination</i>	: Clear		Clear
Specific Gravity <i>Method: Ion-Exchange</i>	: 1.015		1.003 - 1.030
Chemical Examination			
Reaction/pH <i>Method: Reagent Strip Method / Double Indicator</i>	: 5.5		4.6 - 8
Protein <i>Method: Reagent Strip/Protein error of Indicator</i>	: Negative		Neg-Trace
Glucose <i>Method: GOD-POD</i>	: Negative		Negative
Urobilinogen <i>Method: Reagent Strip/Modified Ehrlich reaction</i>	: Normal		Normal
Bilirubin <i>Method: Diazonium</i>	: Negative		Negative
Ketones <i>Method: Reagent Strip/Nitroprusside reaction</i>	: Negative		Negative
Nitrites <i>Method: Reagent strip / Diazonium</i>	: Negative		Negative
Microscopic Examination			
Pus Cells	: 3-4	cells / HPF	0 - 5
RBC	: Nil	cells / HPF	0 - 2
Epithelial Cells	: 2-4	cells / HPF	0 - 5
Casts	: Nil		Absent
Crystals	: Nil		Absent
Method	: Opto Electronic color comparison, Reagent Strip Method, Microscopy		



DR. BURADA SOUMIA
MD PATHOLOGY
Registration No: APMC/FMR/95943



VIJAYA DIAGNOSTIC CENTRE®

10-14-0575, Ward No 10, Reddy and Reddy's Colony, next to India Oil Petrol Station, Tirupati

TEST REPORT

Name : **Mr. M VENKATESWARA CHANAKYA**
Age/Gender : **29 Years / Male**
Registration ID : **253330065487**
Ref. By : **Dr. Self**
Sample Type : **Whole Blood - EDTA**

Registered on : **30-Aug-2025 07:07**
Collected on : **30-Aug-2025 07:13**
Released on : **30-Aug-2025 09:47**
Printed on : **30-Aug-2025 11:19**
Regn Centre : **Tirupathi-333**

COMPLETE BLOOD PICTURE (CBP)

<u>TEST NAME</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Haemoglobin <i>Method: Photometric Measurement</i>	: 14.2	gm/dL	13.0 - 17.0
Total RBC Count <i>Method: Coulter Principle</i>	: 5.1	Cells/cumm	4.5 - 5.5
Packed Cell Volume / Hematocrit <i>Method: Calculated</i>	: 42.6	%	40.0 - 50.0
MCV <i>Method: Derived From RBC Histogram</i>	: 84.1	fL	83.0 - 101.0
MCH <i>Method: Calculated</i>	: 28.1	pg	27.0 - 32.0
MCHC <i>Method: Calculated</i>	: 33.4	gm/dL	31.5 - 34.5
RDW <i>Method: Derived From RBC Histogram</i>	: 13.7	%	11.6 - 14.0
Total Leucocytes (WBC) Count <i>Method: Coulter Principle</i>	: 7400	Cells/cumm	4000 - 10000
<u>Differential count</u>			
Neutrophils <i>Method: VCS 360 Technology and Microscopy</i>	: 54	%	40 - 80
Lymphocytes <i>Method: VCS 360 Technology and Microscopy</i>	: 38	%	20 - 40
Eosinophils <i>Method: VCS 360 Technology and Microscopy</i>	: 2	%	1 - 6
Monocytes <i>Method: VCS 360 Technology and Microscopy</i>	: 5	%	2 - 10
Basophils <i>Method: VCS 360 Technology and Microscopy</i>	: 1	%	0-2
<u>Absolute Leucocyte Count</u>			
Absolute Neutrophil Count <i>Method: Calculated</i>	: 3996	Cells/cumm	2000 - 7000
Absolute Lymphocyte Count <i>Method: Calculated</i>	: 2812	Cells/cumm	1000 - 3000
Absolute Eosinophil Count <i>Method: Calculated</i>	: 148	Cells/cumm	20 - 500



VIJAYA DIAGNOSTIC CENTRE®

10-14-0575, Ward No 10, Reddy and Reddy's Colony, next to India Oil Petrol Station, Tirupati

TEST REPORT

Name : **Mr. M VENKATESWARA CHANAKYA**
Age/Gender : **29 Years / Male**
Registration ID : **253330065487**
Ref. By : **Dr. Self**
Sample Type : **Whole Blood - EDTA**

Registered on : **30-Aug-2025 07:07**
Collected on : **30-Aug-2025 07:13**
Released on : **30-Aug-2025 09:47**
Printed on : **30-Aug-2025 11:19**
Regn Centre : **Tirupathi-333**

COMPLETE BLOOD PICTURE (CBP)

<u>TEST NAME</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Absolute Monocyte Count <i>Method: Calculated</i>	: 370	Cells/cumm	200 - 1000
Platelet Count <i>Method: Coulter Principle and Microscopy</i>	: 172000	Cells/cumm	150000 - 410000
Peripheral Smear			
RBC <i>Method: Microscopy of Leishman stained smear</i>	: Normocytic Normochromic		
WBC <i>Method: Microscopy of Leishman stained smear</i>	: Normal in morphology, maturity and distribution		
Platelets <i>Method: Microscopy of Leishman stained smear</i>	: Adequate		



DR. BURADA SOUMIA
MD PATHOLOGY
Registration No: APMC/FMR/95943



VIJAYA DIAGNOSTIC CENTRE®

10-14-0575, Ward No 10, Reddy and Reddy's Colony, next to India Oil Petrol Station, Tirupati

TEST REPORT

Name : **Mr. M VENKATESWARA CHANAKYA**
Age/Gender : **29 Years / Male**
Registration ID : **253330065487**
Ref. By : **Dr. Self**
Sample Type : **Fluoride Plasma**

Registered on : 30-Aug-2025 07:07
Collected on : 30-Aug-2025 07:13
Released on : 30-Aug-2025 09:47
Printed on : 30-Aug-2025 11:19
Regn Centre : **Tirupathi-333**

FASTING PLASMA GLUCOSE

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Fasting Plasma Glucose <i>Method: Hexokinase</i>	: 101	mg/dL	Normal : 70 - 100 Impaired Fasting Glucose : 101 - 125 Diabetes : ≥ 126

Interpretation / Comments :

- The diagnosis of Diabetes requires a fasting plasma glucose of ≥ 126 mg/dL and/or a random / 2 hr post glucose value of ≥ 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.
- ADA (American Diabetes Association) guidelines – 2025 is adopted for the evaluation of diabetes status.



MC-6283

DR. BURADA SOUMIA
MD PATHOLOGY

Registration No: APMC/FMR/95943

----- End of Report -----

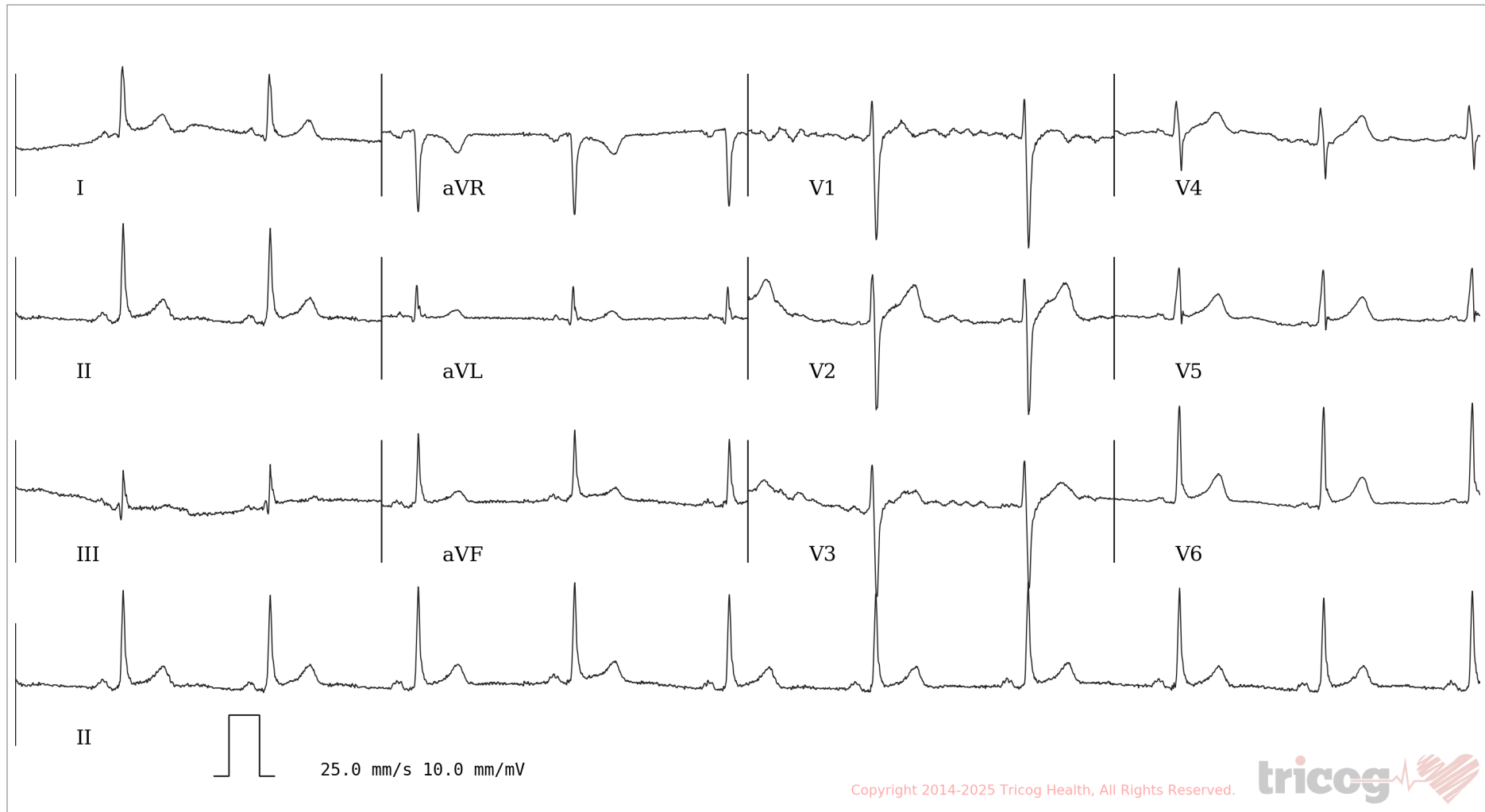
VIJAYA DIAGNOSTIC CENTRE, Tirupati

Age / Gender: 29/Male

Date and Time: 30th Aug 25 7:28 AM

Patient ID: 253330065487

Patient Name: Mr. M VENKATESWARA CHANAKYA



Copyright 2014-2025 Tricog Health, All Rights Reserved.



AR: 61bpm

VR: 61bpm

QRSD: 98ms

QT: 400ms

QTcB: 402ms

PRI: 130ms

P-R-T: 49° 50° 43°

ECG Within Normal Limits: Sinus rhythm. Please correlate clinically.

REPORTED BY

Shabarath S

Dr. Shabarath S
MD. DNB (Cardiology)

Reg. No: 05208

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.